

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/543,108

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1								51					
2	1								52					
3	1								53					
4	1								54					
5	1								55					
6									56					
7									57					
8									58					
9									59					
10									60					
11									61					
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42									92					
43									93					
44									94					
45									95					
46									96					
47									97					
48									98					
49									99					
50									100					
TOTAL IND.	5	↓		↓		↓			TOTAL IND.		↓		↓	
TOTAL DEP.	6	←		←		←			TOTAL DEP.		←		←	
TOTAL CLAIMS	11								TOTAL CLAIMS					